



MISSOURI DEPARTMENT OF REVENUE
CHANGE OF NAME/ADDRESS

**PLEASE COMPLETE ONLY THOSE LINES THAT
REQUIRE CHANGING**

**PLEASE USE THIS FORM TO REPORT ANY CHANGES OF
MAILING ADDRESS AND/OR NAME.**

NEW NAME	
SPOUSE'S NEW NAME	
NEW MAILING ADDRESS	
CITY	
STATE	ZIP CODE

SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER
PREVIOUS NAME AND MAILING ADDRESS	
MAIL TO: Missouri Department of Revenue P.O. Box 555 Jefferson City, MO 65105-0555	